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UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

15	10	1010	
		OMB AP	PROVAL
ISSION	[9	OMB Number:	3235-0076

SEC USE ONLY					
Prefix	Serial				
	<u> </u>				
DATE RECEIVED					
	1				

hours per response.....16.00

Estimated average burden

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<u> </u>							
Name of Offering (check if this is an amendr FrontPoint Greater China Onshore Fund, L.P.	nent and name has	s changed, and indica	e change.)				
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	Rule 506	☐ Section	4(6)	ULOE	
	Amendment	111			14-7		
		ASIC IDENTIFICATIO	DATA	BESTELLING BESTELLING	3.50 多数4000		falsa.
Enter the information requested about the is	A CONTRACTOR OF THE PARTY OF TH			(三) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	N. C. S. C. S. C.		12:22:365:210
Name of Issuer (check if this is an amer		has changed, and indi	ate change)				
FrontPoint Greater China Onshore Fund, L.P.	idinoni dila nama i	indo carorigod, cirio irro.	ato onango.,				
Address of Executive Offices	(Number and Str	eet, City, State, Zip Co	de)	Telephone Number ((Including	Area Code)	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Str	eet, City, State, Zip Co	de)	Telephone Number ((Including	Area Code)	
Brief Description of Business		<i>j</i>		070	76986		
Type of Business Organization	☐ limited partee	rship, already formed		other (please spe	scifu):	•	
corporation		rship, to be formed		C) other (blease spe	July J.		
business trust	☐ minted partire	Month	Year				
Actual or Estimated Date of Incorporation or Organization:	(Enter two-letter	U.S. Postal Service at FN for other foreign jui	breviation for State	Actual		PROCE	
GENERAL INSTRUCTIONS	•	,					1. 50.
Federal: Who Must File: All issuers making an offering of U.S.C. 77d(6).	of securities in relia	nce on an exemption	ınder Regulation D	or Section 4(6), 17	CFR 23 0.5	THOM PARTHE 100	ISON ICIA
When to File: A notice must be filed no later the and Exchange Commission (SEC) on the earlie on which it is due, on the date it was mailed by	r of the date it is re	ceived by the SEC at	the address given I	notice is deemed file below or, if received	ed with the at that add	U.S. Securition in the stress after the	es date
Where to File: U.S. Securities and Exchange Co	ommission, 450 Fif	th Street, N.W., Wash	ngton, D.C. 20549				
Copies Required: Five (5) copies of this notice photocopies of manually signed copy or bear ty	must be filed with t	the SEC, one of which			not manua	ally signed mu	ıst be
Information Required: A new filing must contain thereto, the information requested in Part C, and need not be filed with the SEC.	n all information red d any material chai	quested. Amendment nges from the informa	need only report to ion previously supp	he name of the issue plied in Parts A and I	er and offe B. Part E a	ring, any chai ind the Appen	nges ıdix
Filing Fee: There is no federal filing fee.							
State: This notice shall be used to indicate reliance on JLOE and that have adopted this form. Issuers o be, or have been made. If a state requires the accompany this form. This notice shall be filed notice and must be completed.	relying on ULOE in payment of a fee	must file a separate no e as a precondition to	itice with the Secur he claim for the ex	ities Administrator in emption, a fee in the	each state proper am	e where sales nount shall	s are
Failure to file notice in the appropri	ate states will	ATTENTION	ss of the fede	ral exemption	Conver	selv, failu	re to

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is

predicated on the filing of a federal notice.

		A BASIC IDENTIF	CATION DATA				
2. Enter the information requested for the following:							
• Each promoter of the issuer, if the issuer has been organized within the past five years;							
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 							
	Each general and managing partner of partnership issuers.						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)		, , •••				
FrontPoint Greater China Fur	nd GP, LLC						
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)		_			
Two Greenwich Plaza, Green	wich, CT 06830						
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)		:		· · · · · · · · · · · · · · · · · · ·		
FrontPoint Partners LLC			•				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)					
Two Greenwich Plaza, Green	wich, CT 06830						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Hagarty, John	,						
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)		<u>-</u>			
Two Greenwich Plaza, Green	•						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Boyle, Geraldine	,						
Business or Residence Addre	ess (Number and Stre	et City State Zin Code)	· · · · · · · · · · · · · · · · · · ·				
Two Greenwich Plaza, Green	•	.o., o.,, o.a.o, <u>-</u> .p oooo,					
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	General and/or		
Check box(es) that Apply.	□ Promoter	beneficial Owner	M CXCOMIVE OFFICE		Managing Partner		
Full Name (Last name first, if	individual)						
McKinney, T.A.							
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)	•				
Two Greenwich Plaza, Green	wich, CT 06830						
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	General and/or		
					Managing Partner		
Full Name (Last name first, if	individual)						
Arnold, Jill							
Business or Residence Addr	ess (Number and Stre	et, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·				
Two Greenwich Plaza, Green	wich, CT 06830						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Marmoll, Eric							
Business or Residence Addr	ess (Number and Stre	eet, City, State, Zip Code)					
Two Greenwich Plaza, Greenwich, CT 06830							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner		
Full Name (Last name first, it	individual)						
Creaney, Robert							
Business or Residence Addr	ess (Number and Stre	eet, City, State, Zio Code)					
Two Greenwich Plaza, Green	-						

Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Munno, Dawn							
Business or Residence Addre	ess (Number and Stre	eet, City, State, Zip Code)					
Two Greenwich Plaza, Green	wich, CT 06830	•					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Mendelsohn, Eric							
Business or Residence Addr	ess (Number and Stre	eet, City, State, Zip Code)					
Two Greenwich Plaza, Green	nwich, CT 06830						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, it	individual)						
Webb, James G.							
Business or Residence Addr	ess (Number and Str	eet, City, State, Zip Code)					
Two Greenwich Plaza, Green	nwich, CT 06830						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, it	individual)						
FrontPoint Multi-Strategy Ful	nd Series A, L.P.						
Business or Residence Addr	ess (Number and Str	eet, City, State, Zip Code)					
Two Greenwich Plaza, Green	nwich, CT 06830						
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Goldman Sachs HFS Strateg							
Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o SEI investments, One Fr	eedom Valley Drive,	Oaks, PA 19456					

C OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aggregate Already Sold Offering Price Type of Security Debt..... ☐ Preferred ☐ Common Convertible Securities (including warrants) \$55,150,000 \$55,150,000 Partnership Interests..... Other (Specify_ \$55,150,000 \$55,150,000 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$55,150,000 Accredited Investors..... Non-accredited Investors..... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Type of offering Security Sold Rule 505..... Regulation A..... Rule 504..... Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Legal Fees.....

.....**\$**

Total

Other Expenses (identify)

		C OFFERING PRICE NUMBER OF INVESTORS, EAVENSES.	ANU	SEURINGEESS (S		
	- Question 1 and total	tice between the aggregate offering price given in response to Part C at expenses in response to Part C – Question 4.a. This difference is poceeds to the issuer."			\$ 55	,150,000
5.	to be used for each o furnish an estimate an	ount of the adjusted gross proceeds to the issuer used or proposed fithe purposes shown. If the amount for any purpose is not known, dicheck the box to the left of the estimate. The total of the payments adjusted gross proceeds to the issuer set forth in response to Part C				
				Payments to Officers, Directors & Affiliates		Payments To Others
	Salaries and fees			\$		\$
	Purchase of real	estate		\$		\$
	Purchase, rental	or leasing and installation of machinery and equipment		\$		\$
	Construction or le	easing of plant buildings and facilities		\$		\$
	offering that may	er businesses (including the value of securities involved in this be used in exchange for the assets or securities of another issuer rger)		\$		\$
	F	debtedness		\$		\$
				\$		\$
	Other (specify):	Private limited partnership that invests in a limited partner interest of affiliated entity.		\$	⊠	\$55.150,000
				\$		\$
	Column Totals			\$	\boxtimes	\$55,150,000
	Total Payments I	isted (column totals added)			0,000	
		D. FEDERAL SIGNATURE	能數	State and the state of		FAMEL SELECTION
cor	e issuer has duly caused astitutes an undertaking	I this notice to be signed by the undersigned duly authorized person. If by the issuer to furnish to the U.S. Securities and Exchange Commission y non-accredited investor pursuality paragraph (b)(2) of Rule 502.	f this r	otice is filed under Rule		
iss	uer (Print or Type)	Signa		Date	· -	
FrontPoint Greater China Onshore Fund, L.P.				August 3/, 2007		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Title of Signer (Print or Type)

FrontPoint Greater China Fund GP, LLC, General Partner of the Issuer



Name of Signer (Print or Type)

T.A. McKinney